

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-5-41-12-6-41
(Specify whether
In this community 18 years
years, months or days)

3. (a) PRINT FULL NAME FATE MAUVINS MOPPIN

3. (b) If veteran, name war. 3. (c) Social Security No. 496-09-927

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, ~~Married~~
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased September 20 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 16 If less than one day
hr. min.

9. Birthplace Sherman Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER { 12. Name Deceased
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Deceased
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 12-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Adkins Bros
(b) Address 2000 E. 12th St. K.C. Mo.

19. (a) Dec 12 41 (b) M. M. Crow
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1735 Highland
(If rural, give location)
(e) If foreign born, how long in U. S. A. 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1941 hour 12 minute 15 a. M.

21. I hereby certify that I attended the deceased from
December 5 41, to December 6 1941
that I last saw him alive on December 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
and Congestion
Right Lobar Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature R. C. Drown (M. D. or other)
Address Phy 12-600 E 12th Date signed 12-8-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edw. Hoans

Licensed Embalmer No. *3886*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.